

**Authorised Representative Details:**  
 Con Mavridis CFP, Dip FP  
 2 Darryl Street  
 Scoresby Vic 3179

**Tel:** (03) 9753 2779  
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**Initial Interview Date**

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**Plan Presentation Date**

...../...../.....

**IMPORTANT NOTE TO CLIENTS**

Your advisor must have reasonable grounds for making financial recommendations.

Before making such a recommendation your advisor must ask you about your investment objectives, financial situation and your particular needs.

The information collected in this form will be used strictly for that purpose.

**WARNING**

Your advisor could make inappropriate recommendations or give inappropriate advice if you fail to fully and accurately complete this form.

Accordingly, we accept no liability for any advice given on incomplete or inaccurate information.

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# AGM Financial Services Pty Ltd

## Data Collection Form

AGM Financial Services Pty Ltd (ABN: 69 105 837 910)  
 Australian Financial Services License No: 246857  
 2 Darryl Street Scoresby Vic 3179 Tel: (03) 9753 2779

**Strictly Private & Confidential**

**PERSONAL DETAILS**

	Client	Partner
Title:		
Given Names:		
Pref'd Name:		
Surname:		
DOB:		
Occupation :		
TFN:		
CRN:		
Retirement Age		

**CHILDREN / DEPENDANTS**

Name	DOB	Support to Age

**CONTACT DETAILS**

Address			
Client Mobile		Partner Mobile	
Client Work		Partner Work	
Home Phone		Preferred Contact	
Client E-mail			
Partner E-mail			

**EMPLOYER & INCOME DETAILS** If uncertain, provide copies of pay slip.

	Client	Partner
Employer Name:		
Salary / Wages (Gross)		
Package Item – Car/Other		
Package Item – Super		
Business Income		
Other Income		
Centrelink Income		

**COMMENTS:**

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**ASSETS / LOANS**

*Investments*

Investment Type	Description	Owner	Date Acquired	Initial Inv Amt	No of Units	Current Value	Income Pa.
Bank A/C							

**NOTE:** If applicable, please also provide details of franking levels, tax free, or tax deferred amounts which you may have received from existing property, share or managed funds. If unknown, please provide a copy of your most recent statements.

*Lifestyle Assets*

Asset Type	Description	Owner	Market Value
Home			
Home Contents			
Personal Effects			
Car(s)			
Other			

*Loans*

Lender & Type of Loan	Purpose of Loan	Owner	Amount Owing	Interest Rate	Monthly Repayment

*Include Credit Card amount only if the full balance is not paid by the due date.*

**NOTE:** For existing assets and loans, you can assist us by providing your latest available statements, and / or the original policy / application document.

## INCOME & EXPENSES

Income required covering your living expenses: (Net) Weekly / Monthly / Annually

	Client	Partner	Combined	Notes (if any)
Now				
At Retirement				

Do not include any loan repayments included in the previous section.

Only complete the Expenses Schedule below if you need help to complete the above section.

Expenses Schedule		Amount \$	Frequency Eg. weekly	Annual Amount	Anticipated Expenses in Retirement *
Home Expenses	Rent				
	Utilities, Telephone & Internet				
	Home & Contents Insurance				
	Provision for home repairs & maintenance				
	Provision for upgrading furniture & appliances				
Essentials	Food, drinks & alcohol				
	Clothing & footwear				
	Medical & Dental				
	Education				
	Life & Disablement Insurances				
	Private Health Insurances				
Car	Insurance & Registration				
	Petrol				
	Repairs & Maintenance				
	Provision for upgrading car(s)				
Other	Recreation & Entertainment				
	Personal Effects / Annual Holidays				
	Gifts				
	Other discretionary				
<b>Total Living Expenses</b> (transfer these totals to the top of this page)				\$	\$

\* Amount shown in the retirement column should be annualised and reflect the cost in today's money.

Non Living Expenses	Amount \$	Period Eg. weekly	Annual Expenses
Loan repayments			
Income Tax - Client - Partner			
Investment Property Exp. (excluding repayments)			
Investment Property Capital Expenses			
Personal Superannuation			
Savings			
Other please specify			

**Anticipated Capital Expenditure Items** (Now & in Retirement)

Description	Owner	Estimated Date	Estimated Amount

*Future Employment Plans /Other Details*

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**FINANCIAL & INVESTMENT OBJECTIVES**

(What you want to achieve financially)

Short term -----  
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Long term -----  
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Immediate Priorities -----  
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Do you have any specific financial questions or concerns? -----  
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If you have a preferred asset allocation, please provide details below.

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**SUPERANNUATION & TERMINATION PAYMENTS**

Have you or your partner ever received a payment from a superannuation fund or received an Employment Termination Payment from your Employer(s)?

No  Yes  If yes, please provide details: .....

**Type of Payment:** Superannuation / Annual Leave / Redundancy / Long Service Leave

**SUPERANNUATION DETAILS**

*General Particulars*

	Client	Partner	Comments / Details
Is salary sacrifice allowed?	Yes / No	Yes / No	
Superannuation Salary	\$	\$	
Employer Contributions (% / \$)			
Member Post Tax Contributions (%)			
Member Salary Sacrifice Contribution			
<b>Expected Retirement Date ( Age)</b>			
Eligible Service Date			
Date Joined Fund			

*Superannuation & Rollover details – provide/attach copies of statements if uncertain*

Owner	Client / Partner	Client / Partner	Client / Partner
Type of Fund	Employer / Personal	Employer / Personal	Employer / Personal
Fund Name			
Policy/Member Number			
Empl Contributions pa.			
Pers Contributions pa.			
Current Account Value			
Current Cash Value			
Insurance Details (if any)			
Components - Taxable - Tax-free - Other			
Non preserved amount			
Investment Portfolio(s) & percentages			
Notes (if any)			

**RISK MANAGEMENT**

*Current Health*

Are you aware of any health condition, which may impact investment decisions or time frames?

Client Yes / No                      Partner Yes / No

If yes, please provide details: .....

Are you a smoker?              Client Yes / No              Partner Yes / No

*Life, Disability & Health Insurance Details*

	<b>Policy No: 1</b>	<b>Policy No: 2</b>	<b>Policy No: 3</b>	<b>Policy No: 4</b>
Life Insured				
Policy Owner				
Insurance Type				
Company Name				
Product Name (if known)				
Policy Number				
Sums Insured - Death - TPD - Trauma - Income Protection				
Annual Premium				
Additional Notes				

For income protection / temporary disablement cover, please provide details of any waiting period, benefit period, indexation, and disability definition, if possible. Alternatively, please provide copies of policies, statements, if you prefer.

Notes: .....

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**ESTATE PLANNING**

*Estate Planning Considerations*

	Client	Partner
Do you have a Will?	Yes / No	Yes / No
Date Will last reviewed		
Name of Executor		
Power of Attorney? (Enduring)		
Name of Attorney		
Funeral plan	Yes / No	Yes / No

*Expected Inheritances*

Client	Partner
\$	\$

Only include actual inheritance that you are expecting in the near future.

Do you have any personal guarantees?      Client    Yes / No      Partner    Yes / No

If yes, please provide details: .....

**OTHER ENTITIES**

Are you or your partner involved in any family company, do it yourself superannuation fund, trust, private business, etc?  
If so, please provide details.

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**PROFESSIONAL ADVISERS**

	<i>Accountant</i>	<i>Solicitor</i>	<i>Other (specify)</i>
Name:			
Address:			
Telephone:			

**COMMENTS / STRATEGY / SPECIAL INSTRUCTIONS:**

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**Client Acknowledgment**

It is hereby noted and agreed that:

1. The information provided in this form is true and accurate to the best of my/our knowledge.
2. I/We are not aware of any other information that should be disclosed in this form that would be relevant in making an appropriate recommendation.
3. I/We understand that any investment made or policy purchased as a result of partial or inaccurate completion of this form, may not be appropriate to my/our needs. I/We will consider the appropriateness of the advice before acting on it.
4. I/We understand that an investment made or policy purchased which differs from that recommended by the intermediary may not be appropriate to my/our needs.
5. I/We also acknowledge that if my/our personal circumstances change, I/we will advise you immediately.

Financial Services Guide received:       Yes       No

6. I/We have received, read and understood the above document and understand that you may, from time to time, provide me with material and information that may be of assistance to me.

Client Signature      -----      Partner Signature      -----

Dated      -----      Dated      -----

**Disclosure and Disclaimer**

Any recommendations and advice are based on the information provided by you. We act on this information in good faith. All recommendations and advice are based on current economic and legislative environments, and our interpretation of these conditions. No guarantees can be given or implied, and any recommendation advice may need to be altered due to unforeseen changes to economic and legislative conditions. The recommendations and advice will be given solely for your use and therefore should not be taken as a guide for other people.

Adviser Signature:      -----      Dated:      -----

Adviser Name:    Con Mavridis